

R.I. EARLY INTERVENTION INTERIM IFSP (INTERIM INDIVIDUALIZED FAMILY SERVICE PLAN)



INTERIM IFSP DATE: _____ EARLY INTERVENTION PROGRAM: _____

CHILD INFORMATION:

Name _____ ID#: _____ Gender: Boy _____ Girl _____ Date of birth ____/____/____

FAMILY INFORMATION:

Parents _____ Legal Guardians _____ Surrogate Parents _____

1. Name _____ Address _____
Home phone _____ Work phone _____ Cell phone _____ Email _____
2. Name _____ Address _____
Home phone _____ Work phone _____ Cell phone _____ Email _____
3. Emergency Contact _____ Phone _____

PRIMARY LANGUAGE:

Primary language used at home _____ Is an interpreter needed? Yes _____ No _____

SERVICE COORDINATOR:

Name _____ Phone _____

REFERRAL INFORMATION:

Initial Referral Date ____/____/____ Made by _____

Child's Name: _____

REASON FOR INTERIM IFSP (INCLUDING WHY SERVICES ARE NEEDED IMMEDIATELY):

PLAN FOR COMPLETING FULL EVALUATION AND ASSESSMENT AND IFSP:

PLAN FOR COORDINATION WITH OTHERS AGENCIES AND PERSONS:

| <u>AGENCY & CONTACT</u> | <u>PLAN</u> |
|------------------------------------|--------------------|
| | |

Child's Name: _____

OUTCOME:

What we want to happen is:

What is happening now:

What will happen (short-term, measurable objectives or a measurable statement of outcome):

Strategies (methods for working on this outcome
during your child and family's daily activities and routines):

What support do you need to use these
strategies?

Review Date(s):

Has this outcome been achieved?

Please summarize:

Child's Name: _____

EI SERVICES THAT ARE NEEDED IMMEDIATELY:

| Early Intervention Services (EIS) | Provider (Role/Org.) | Location | Method of Service (C/G/I) | Nat. Env.? Y/N | Freq. (# times per month) | Intensity (length of session) | Date of Initiation | Duration (months) | Payment Source |
|-----------------------------------|----------------------|----------|---------------------------|----------------|---------------------------|-------------------------------|--------------------|-------------------|----------------|
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ACKNOWLEDGMENT OF IFSP:

I HAVE PARTICIPATED IN THE DEVELOPMENT OF THIS INTERIM IFSP, I HAVE READ THIS INTERIM IFSP, AND THE CONTENTS OF THIS INTERIM IFSP HAVE BEEN FULLY EXPLAINED TO ME.

_____ I do approve of this plan for my child and family.

_____ I have been informed of my right to due process and procedures (Procedural safeguards)

Parent/Guardian - Signature

Date

Service Coordinator - Signature

Date